

INSTRUCTIONS

1. Please complete (Part A – C) and sign the form.
2. Deposit **RM 1,900.00** into the account of **PACIFIC TECH SDN. BHD.** at **CIMB Bank** (Account No: **800 2306 765**). This is the Processing Fee of RM 500.00 (One-Time Only) and the Room Rent (RM 1,400.00) for 4 months.
3. Send the completed Application together with the CIMB Deposit Slip to the following address at least **One (1) Month** before Classes Start for the Semester.

Student Affairs Department
Asia College of Technology
 Ground Floor, Kompleks Wan Kien
 50, Jalan Panchala, Off Jalan Templer
 46050 Petaling Jaya, Selangor Darul Ehsan
 MALAYSIA

A. STUDENT CONFIRMATION

Name of Student :

.

Address :

.....

.

I.C. No. : Hand Phone No. :

Gender : Religion :

I hereby confirm the following:

- i. I agree to live in the condominium / apartment provided by Asia College of Technology. I understand that a maximum of 8 students will be housed in a unit.
- ii. I agree that housing will be provided to me for a maximum period of **twelve (12 months)** after which I may be required to move out. I understand that transport will not be provided.
- iii. I understand that I will be charged for utilities (electricity, water and Indah water charges will be shared equally by all the students living in the same unit).
- iv. I understand that Asia College of Technology and/or Pacific Tech Sdn. Bhd. shall not be held responsible / liable for any injury, losses and/or damages during my stay in the condominium / apartment and/or during the journey between the condominium / apartment and the college campus.
- v. I will be present to register for classes and move into the condominium / apartment on the date and time mentioned.

.....
Signature of Student

Date:

.....
Signature of Parent

(If student is below 21 years of age)

Name :

I.C. No.:

B. HEALTH INFORMATION

Please indicate if you are suffering from any of the following health related conditions:
[Tick (✓) where appropriate]

- Bronchial Asthma
- Cancer
- Diabetes
- Hearing Problem
- Heart Diseases
- HIV / Aids
- Hypertension
- H1N1
- Kidney Diseases
- Lung Diseases
- Psychiatric Illnesses
- Tuberculosis
- Others

C. EMERGENCY CONTACT

Name and address of Parent /Guardian:

Name: _____

Address: _____

Hand Phone No.: _____

House Telephone No: _____

Office Telephone No.: _____

FOR OFFICE USE ONLY

03-2019

Date Processed: Move In Date:

Room No.: Location:

Signature of Staff: